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FACSIMILE TRANSMISSION**CONFIDENTIAL**

DATE: July 20, 2005

CLIENT-MATTER NO.: A1000-00103

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To:

NAME	FAX NO.	PHONE NO.
United States Patent Office Attn: Technology Center 2135 Examiner Linh L.D. Son	(571) 273-8300	(571) 272-2800

FROM: Becky Hancock

PHONE: (650) 943-5205

NUMBER OF PAGES WITH COVER PAGE: 3 ORIGINAL WILL NOT FOLLOW

MESSAGE:

Application Number	09/881,899
Filing Date	June 14, 2001
First Named Inventor	Chee-Hong Wong
Group Art Unit	2135
Examiner Name	Linh L.D. Son
Attorney Docket Number	20735-05503

Dear Examiner Son,

Forgive me for sending you this fax after we spoke that week, but I checked PAIR today and the correspondence address is still listed as our firm's. Therefore I attach a copy of the Transmittal and Request for Withdrawal as Attorney that we mailed to the PTO on November 12, 2004 and ask that someone issue an Approval so that we may be assured that future correspondence is going to the new attorney, Robert N. Blackmon.

Thanks very much for your help.

Becky Hancock, Legal Secretary, Fenwick & West LLP

CAUTION - CONFIDENTIAL

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A1000-00103/DOCS/1480919.1

PAGE 1/3 * RCVD AT 7/20/2005 3:16:56 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/03 * DNIS:2738300 * CSID:6509385200 * DURATION (min:ss):01-28

		Application Number	09/881,899
		Filing Date	June 14, 2001
		First Named Inventor	Chee-Hong Wong
		Group Art Unit Number	2135
		Examiner Name	Kim Y. Vu
Total Number of Pages in This Submission	2	Attorney Docket Number	20735-05503

TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	
ENCLOSURES (check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Fee Transmittal Form (in duplicate) <ul style="list-style-type: none"> <input type="checkbox"/> Check Enclosed <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO/SB/USA <ul style="list-style-type: none"> <input type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input type="checkbox"/> Amendment/Response: [] Page(s) <ul style="list-style-type: none"> <input type="checkbox"/> After Final <input type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney 	
REMARKS: <hr/>	
SIGNATURE OF ATTORNEY OR AGENT <hr/> <p>Signature: <i>Michael W. Farm</i></p> <p>Attorney/Reg. No.: Michael W. Farm, Reg. No. 41,016 Dated: <i>Nov. 12, 2004</i></p>	

CERTIFICATE OF MAILING <hr/> <p>I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.</p>	
<p>Signature: <i>Michael W. Farm</i></p> <p>Typed or Printed Name: Michael W. Farm Dated: <i>Nov. 12, 2004</i></p> <p>Express Mail Mailing Number (optional):</p>	

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/881,899
Filing Date	June 14, 2001
First Named Inventor	Chee-Hong Wong
Group Art Unit	2135
Examiner Name	Kim Y. Vu
Attorney Docket Number	20735-06503

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

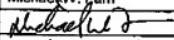
The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

- The correspondence address is NOT affected by this withdrawal.
- Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Robert N. Blackmon Merek, Blackmore & Voorhees, LLC				
Address	673 S. Washington St.				
Address					
City	Alexandria	State	VA	Zip	22314
Country	USA				
Telephone	(703) 674-5633	Fax	(703) 684-5637		

- This request is made on behalf of myself and
 all the attorneys/agents of record,
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number 00758
 on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Michael W. Farn
Signature	
Date	Nov 02 2001

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.